Section I: Instructions

Documentation needed before request can be processed and deemed complete includes:

- Completed Student with Disabilities Accommodation Request Form
  - Students must provide their reasonable recommendation for the accommodation. Please be as specific as possible
  - It must be signed.

- Medical documentation supporting the request being made with a description of diagnosis from licensed practitioner on official letterhead.
  - Documentation can include recommendations of accommodation for student from the physician.
  - Original document in official letterhead signed and dated within the last 3 years.

Note: The Student must reapply for accommodation for each semester in which the accommodation is needed and provide appropriate medical documentation.

Please read the ADA section of the student handbook for additional information. The student handbook can be found online at: http://www.cbshouston.edu/student-life

If you need any assistance in filling out the information, please contact the Dean of Students office:

   Email:  DoS@cbshouston.edu
   Office Phone:  832 252-0757
STUDENT WITH DISABILITIES ACCOMMODATION REQUEST FORM

Section II: Student’s Information

Please complete the information below and submit to the Office of the Dean of Students in suite 113 or email it to: DoS@cbshouston.edu

Date of request: mm - dd - yyyy Fall Spring Summer Please enter the year for the term being requested.

Student Name: First Name __________ Last Name __________ ID #: __________ Student ID Number __________

Please fill out the information below as it appears in SonisWeb:

<table>
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<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credit</th>
<th>Instructor</th>
<th>Location</th>
<th>Days &amp; Time</th>
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<tbody>
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<td>Example</td>
<td>Bible Study Methods</td>
<td>3</td>
<td>Smith</td>
<td>202</td>
<td>Mon 7pm-10pm</td>
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<td>MSMN1301</td>
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Section III: Reasonable Accommodations Requested

Reasonable accommodations being requested (please be specific and use another sheet of paper if necessary):

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

I certify that I have completed all instructions in section I and I hereby certify that the statements and information in this request form are true and correct to the best of my knowledge and belief, and I authorize the College of Biblical Studies to make the necessary contact with my doctors if necessary to assist in the accommodations being requested.

SIGNATURE:

________________________________________________________________________

Student’s Signature __________________________________________________________________________

Date ________________________________________________________________________________________